



## VBS STUDENT REGISTRATION

22-26 June 0900-1200 Irwin Intermediate School

(One per child)

*Please return to Pope Chapel 315 Ethridge Street Pope AAF*

Use the form below to register students who are military/DOD dependents and have completed kindergarten through grade 6. Preschool classes and Child watch is ONLY available for children of program volunteers on the days the Adult is present. Crew placement will be posted on the 15<sup>th</sup> of June by 1700 at Pope Chapel. You will be notified if it is necessary to place your child on a waiting list. For questions: 394-1351 or email: [jeffrey.nevin@us.army.mil](mailto:jeffrey.nevin@us.army.mil)

CHILD'S NAME: \_\_\_\_\_ M/F MILITARY DEPENDENT: YES /NO  
(Please print legibly) (Circle one) (Circle one)

CHILD'S AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ LAST SCHOOL GRADE COMPLETED: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_ NAME OF OTHER PARENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT'S CELL: \_\_\_\_\_ PARENT'S WORK: \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_ DENOMINATION/RELIGION: \_\_\_\_\_

EMERGENCY CONTACT & PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITIONS: (Please list anything that needs special care or consideration) \_\_\_\_\_

I hereby give permission to the Religious Education department leaders of Fort Bragg to seek medical treatment for my child if my spouse or I cannot be reached. I also give permission for pictures or videos to be taken of my child, for program, advertisement or publicity reasons, while participating in the Vacation Bible school program 2015.

\_\_\_\_\_  
**Parent's signature**

\_\_\_\_\_  
**Date signed**

Data required by the Privacy Act of 1974: Authority: title 37, USC 101. Principle Purpose: To enable the Director of Religious Education and Coordinator to accumulate current data for emergency and or routine purpose, where it would be necessary to contact parents and/or children. Disclosure of your phone number and address is voluntary. In addition, I do/do not give consent to the release of the above information to a third party.

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**(For Religious Education Use only)**

TEAM NUMBER: \_\_\_\_\_ CREW NUMBER: \_\_\_\_\_

STUDENT PACKET & T SHIRT GIVEN TO PARENT: YES/NO \_\_\_\_\_